STATE OF SOUTH CAROLINA  (Caption of Case)  (Example: Application for a Class C Charter Certificate from John Doe dba Doe's Limo  Request to reinstate Class C Taxi Certificate  Shamel Elsayed  (Caption of Case)  (Caption o	BEFORE THE PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  TRANSPORTATION COVER SHEET  DOCKET 2008 - 432 - T  If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you
Shame   E/ Sayed ) (Please type or print)	have filed with the Commission before, a Docket Number was assigned and should be entered above.
Submitted by: Self	Telephone: <u>843-610-4017/843-669-15</u> c
Address: 2707 W Ridgecrest cir.	Fax:
Florence SC 29501	Other:
	Email: Sam Giro ( Smail Com
NOTE: The cover sheet and information contained herein neither replace as required by law. This form is required for use by the Public Service be filled out completely.	
NATURE OF ACTION	N (Check all that apply)
Application - Class A/A Restricted	Request for Name Change on Certificate
Application - Class C Taxi	Request to Amend Scope of Authority
Application - Class C Charter	Request to Amend Tariff (rate increase, etc.)
Application - Class C Charter Bus	Request to Amend Passenger Limit
Application - Class C Non-Emergency	Request
Application - Class C Stretcher Van	☐ Exhibit
Application - Class E Household Goods 7500	Late-Filed Exhibit
Application - Class E Household Goods Application - Class E Hazardous Waste	Letter
Application	Proposed Order
Request for Extension to Comply with Order	Publisher's Affidavit
Request for Order Granting Authority to Obtain a Certificate	Reservation Letter
of Public Convenience and Necessity to be Rescinded	Response
Request for Cancellation of Certificate	Return to Petition
Request for Suspension	Other:
Request for Reinstatement	***************************************

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

Print Form

Reset Form

**CLASS C REINSTATEMENT FORM** 

2008-432

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Mail or fax a copy to:

Staff nent 900 9201 **0578** 0815

File the original with:	mail of lax a cop
Public Service Commission of South Carolina Clerk's Office Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896 – 5100 FAX (803) 896-5199	S.C. Office of Regulatory S Transportation Departments 1401 Main Street, Suite Columbia, S.C. 29 (803) 737-0 FAX (803) 737-0
	<u>.                                    </u>

DATE: 11/15/10
Please consider this an application for Reinstatement of my:
Taxi Certificate Number 8055
Charter Certificate Number
Charter Bus Certificate Number
Non-Emergency Certificate Number
My certificate was revoked/cancelled on 10-7-10 because of failure  (DATE)  +0 pay license decal fees for Last Half Year 2010,
to pay license decal fees for Last Half Year 2010.
(X) am seeking reinstatement because I was Trayling averseas
Shame (Elsayed DBA N/A (if applicable)
(Street Address)  (Mailing Address if different from Street Address)
(City, State, Zip Code) (Signature)
(Telephone Number) (Title) Owner, President, etc.